



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



CONFIRMATION NO. 8333

Bib Data Sheet

|                             |  |              |                        |                                     |
|-----------------------------|--|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/518,255 | FILING OR 371(c)<br>DATE<br>12/16/2004<br>RULE | CLASS<br>348 | GROUP ART UNIT<br>2614 | ATTORNEY<br>DOCKET NO.<br>FR 020059 |
|-----------------------------|--|--------------|------------------------|-------------------------------------|

**APPLICANTS**

Philippe Loyer, Paris, FRANCE;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IB03/02954 06/13/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

EUROPEAN PATENT OFFICE (EPO) 02291577.1 06/25/2002

|                                 |   |                            |                        |                      |                            |
|---------------------------------|---|----------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>FRANCE | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>6 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                            |                        |                      |                            |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                            |                        |                      |                            |

**ADDRESS**

24737

**TITLE**

Clock recovery for a dvb-t to dvb-s transmodulator

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1100 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------|---|---|